

Contraceptive Prevalence in a Village of Kathmandu

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Summary

291 married couples with wife between 15 and 49 years of age were interviewed in Chapali Bhadrakali Village Panchayat adjoining Kathmandu Town Panchayat. 85 (29%) were practising contraception and 69 (81%) of them had permanent sterilisation. Male sterilisation was nearly 5 times as common as female sterilisation. None of the couples with wife between 15 and 19 years was using a contraceptive. The contraceptive prevalence rate was twice as common in the Brahmin/Chettri as in the Newar ethnic group. The relationship of occupation of the wives to contraceptive use could not be ascertained as very few women were employed outside their homes. Education of either spouse did not have any effect on the use of contraceptive. The mean number of living children per contraceptive using couple was 3.4 while that for the non-users was 2.6. The corresponding figures of living sons were 1.93 and 1.29 respectively. The differences are statistically significant. None of the couples without a child and only a single couple with one child was using contraceptive.

It is suggested that more attention should be given to the conservative ethnic group with care to maintain privacy, particularly in the extended family and that direct personal contact would be necessary to motivate a couple for family planning. Temporary methods of family planning should be promoted in order to postpone the first pregnancy, space the births and limit the number of births, particularly during the vulnerable period of the infants

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and young children- A simple, convenient and long acting method with no or minimal side effects would be acceptable to the couples to cover the vulnerable period after which permanent sterilisation could be performed.

Introduction

The census of Nepal in 1981 has shown a very high annual population growth rate (to the extent of 2.66%) during the preceding decade. This rate has already outstripped the rate of economic growth. If such a state of affairs is allowed to continue, the consequences will be very grave.

National Commission on Population¹ has set a target of bringing down the current total fertility rate of 6.3 to 2.5 by the year 2000. If this target is achieved, the annual population growth rate will fall down to 1.2%. Whether this target will be achieved or not will be seen during the coming years but there is no doubt that long and concerted efforts will be necessary in order to achieve this target. Among the strategies being employed to achieve this target are to provide the family planning services in order to fulfil the unmet demands and to improve the social status of women, particularly their education and employment.

Various factors determine the use or non-use of contraceptives in the community. A careful analysis of such factors would be very useful for the implementation of a successful family planning programme. The survey being reported here was carried out in a village close to Kathmandu city with the aim of studying some of these factors.

Materials and Methods

The study was carried out in Chapali Bhadrakali Village Panchayat which lies on the northern border of Kathmandu Town Panchayat. All houses in the panchayat were visited, the household members listed and all married couples with wife between 15 and 49 years of age were interviewed (either spouse). Informations were gathered on education, occupation, ethnic group, the number of living children and the number of living sons. They were asked whether they were currently using any contraceptive and if yes, the method being used.

Results

There were 339 houses in the village panchayat, of which 326 were open and 13 were locked at the time of visit. The former had a total of 320 married couples with wife between

15 and 49 years of age. Of them, 291 couples were interviewed and the remaining 29 could not be contacted.

Of 291 couples interviewed, 85 (29%) were found to be using a contraceptive. A majority (81%) of the contraceptive users had permanent sterilisation (Table 1). Male sterilisation was found to be used nearly 5 times as commonly as the female. Among the temporary methods,

Table 1. Type of Contraceptive being used

Type	Number	Percent
Vasectomy	57	67
Tubectomy	12	14
Depoprovera	7	8
Oral Pill	5	6
Condom	3	4
Rhythm Method	1	1
Total	85	100

the injectable long acting hormone (Depoprovera) was found to be the most commonly used. None were using the intrauterine device (IUD).

The number of contraceptive users by wife's age group is presented in Table 2. The

Table 2. Contraceptive users by wife's age group

Age group (years)	Number interviewed	Contraceptive user	
		Number	Percent
15-19	32	0	0
20-24	68	16	24
25-29	48	20	42
30-34	40	14	35
35-39	41	14	34
40-44	38	15	39
45-49	24	6	25

largest proportion of users (42%) was found in the 25-29 years age group. About one quarter of the couples in 20-24 and 45-49 years age groups were using contraceptives. There was no user in the youngest age group (15-19 years).

Brahmin/Chhetri and Newar are the two main ethnic group in the village panchayat and they constitute 90% of all the couples. 40% of the former were using contraceptive, compared to only 19% of the latter (Table 3). The difference is statistically highly significant

Table 3. Contraceptive user by ethnic group

Ethnic group	Number interviewed	Contraceptive user	
		Number	Percent
Brahmin/Chhetri	141	56	40
Newar	121	23	19
Others	29	6	21

($P < 0.001$). Among the other ethnic groups, about 21% of the couples were using contraceptives.

129 (44%) couples had a nuclear family while 162 (56%) belonged to extended family. The proportion of couples using contraceptive was higher in the nuclear family (38%) than in the extended family (22%) and the difference is statistically significant ($P < 0.01$). There was a slightly higher proportion of nuclear family in the Brahmin/Chhetri group (50%) than in the Newar group (42%). The contraceptive prevalence rate in the former remains double of the latter in both the nuclear and extended family subgroups.

Most of the women (95%) were engaged in domestic work and many of them give a helping hand in agriculture at the same time. Among the domestic workers, 29% were using the contraceptives. 4 (57%) out of 7 women employed in office and 2 (29%) out of 7 women employed in other occupations were using contraceptive but these numbers are too small to draw any valid conclusion.

Literacy rate among the women was found to be 16%. However, both the literates and illiterates had similar proportions of contraceptive users (30% and 29% respectively). The level of wife's education had also no relation to the contraceptive rate. The literacy

rate among the husbands was 63%. The contraceptive prevalence rate among the illiterates was 28%, compared to 30% among the literates but the difference is not statistically significant ($P > 0.50$).

41 (14%) of the 291 couples did not have any living child and the remaining 250 couples had 1 to 8 living children per couple (Table 4). None of the couples without any living child or with 8 living children was using contraceptive. Only 1 out of 27 couples with one living child was using contraceptive. Among the remaining couples, a larger proportion of couples with 2 or 3 living children tended to practise family planning than those with 4 to 6 children.

Table 4. Number of living children by use of contraceptive

Number of living children	Number of couples		
	using contraceptive	not using	total
0	0	41	41
1	1	26	27
2	23	33	56
3	29	41	70
4	14	30	44
5	11	18	29
6	5	11	16
7	2	2	2
8	0	4	4

The mean number of living children per couple for all the 291 couples was 2.84. The mean for the contraceptive users was 3.4 with a standard deviation of 1.33 while that for non-users was 2.6 with a standard deviation of 1.92. The difference between the two groups is highly significant ($P < 0.001$). 4 out of the 72 couples without a living son were using contraceptive, 3 of them permanent method. The mean number of living sons per couple using temporary contraceptive method was 1.8, compared to 1.96 for couples using permanent method. The difference is not significant ($P < 0.50$).

Discussion

The results of the Nepal Fertility Survey of 1976 had shown that while 30% of the currently fecund women did not want any child, only 3% were actually practising contraception₂. The Nepal Contraceptive Prevalence Survey (NCPS) of 1981 showed that 40% of the eligibles couples did not want more children and 8% were undecided but only 6.8% were actually practising family planning³. The 29% prevalence rate in Chapali Bhadrakali is encouraging. It is also better than the 21% prevalence rate in the neighbouring Mahankal Village Panchayat⁴. However, there is still a sizeable number of couples who do not desire any more children but are not yet practising contraception. These couples need to be identified and motivated to practise family planning soon. Since the village is close to Kathmandu, provision of services to these couples should not pose any problem.

As in the case of Mahankal, the contraceptive prevalence rate here is much lower in the Newars than in the Brahmin/Chhetris. This is probably so because Newar are more conservative than others about family planning and because they live mostly in the interior and hence less accessible. The Newars will, therefore, require more attention for family planning.

The proportion of couples using contraceptive is higher in the nuclear family than in the extended, probably because of the difficulty of maintaining privacy in an extended family and because of objection by the older members of such a family. This also explains partly the lower contraceptive prevalence rate among the Newars which have a larger proportion of extended family than the Brahmin/Chhetri. This calls for an adequate maintenance of privacy while propagating or providing family planning, particularly to the extended family,

Women engaged in occupation outside their homes generally tend to practise contraception more often than those who have domestic work as their occupation. This was found to be true in Chapali Bhadrakali too but the size of the former is too small to prove conclusive. The picture will be clear when more and more women start working outside their homes.

There is, in general, an inverse relationship between the women's education and fertility ⁵. More of educated women tend to practise family planning than uneducated women. However in Chapali Bhadrakali, education did not seem to have any effect on the practice of family planning. While education could be useful for communicating family planning more effectively, it seems to have a limited role and direct personal contact could be more effective to motivate a couple.

Contraception can be used to postpone the first pregnancy, to space the births and to limit the number of births after the desired number of children is born. Each of these purposes contributes to control the birth rate. However in Chapali Bhadrakali, the last purpose seems to be the only motive for family planning. This is substantiated by the facts that only a very small proportion of contraceptive user is practising temporary methods, that none of the women of the youngest age group (15-19 years) is practising family planning, that none of the couples with no child is practising family planning, that only 1 couple with one child is practising family planning and that the mean number of children for the couples using temporary methods is higher than for those using permanent method.

As would be expected, the mean number of living children was found to be higher among the contraceptive users than non-users. The same is true for the mean number of living sons. The mean number of living children was found to be 2.84 which is higher than 2.49 of NCPS. This could be due to reduced mortality particularly among infants and children in this village which is in close proximity to relatively better health care facilities of Kathmandu city.

The current trend in Nepal is that female sterilisation is much more commonly practised than male sterilisation. Chapali Bhadrakali does not seem to have caught up with this trend. Since male sterilisation is much simpler and more economical to perform, it should be maintained and encouraged further.

Temporary method of contraception is not very popular in Nepal and so is the case in Chapali Bhadrakali, due to the need for regular and continuous use, cost, inconvenience, resupply and other reasons. Depoprovera, which was introduced not very long ago and needs just one injection every 3 months, has already become the most popular method of temporary contraception. It is surprising that the IUD which could be more convenient than Depoprovera is not being used at all in this village. It could probably be due to the complications following the use of the IUD or enough attention has not been given to promote IUD.

In Nepal, nearly all attention is focussed on permanent sterilisation. While there is no doubt about its role in the control of high birth rate, it has its limitations too. Most people tend to accept sterilisation only after the birth of the desired number of children. In a country with high infant and child mortality, parents naturally like to see that a few of their children survive and hence they desire a large number of children. If a temporary method of family planning could be provided until the children pass the vulnerable period, the parents may do with a smaller number of children. Such a method has to be simple, convenient, long acting and with no or minimal side effects, if it is to be acceptable to the people, a large majority of whom are illiterate.

Temporay methods could be used to posptone the first pregnancy and to space the births and would help to protect the health of the mother as well as of the children. They could also be used to limit the number of births until the vulnerable period of children is over when the permanent method could be employed. Thus the temporary methods could play a very significant role in reducing high birth rate in Nepal.

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